

RECREATIONAL USE ATTAINABILITY ANALYSES PUBLIC COMMENTS

Public Comment Period May 21, 2008 – August 31, 2008

Gasconade River WBID # 1455

Class P
Gasconade County to Wright County

Missouri Department of Natural Resources Water Protection Program PO Box 176 Jefferson City, MO 65102-0176 800-361-4827 / 573-751-1300

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4 9	Missouri Department of Natural Resources	A CONTRACTOR	

Stream Usage Survey

1.	Stream Name (Please enter the full name) Gasconade River					
2.	County (Please enter the county or counties where the use occurs) Wright					
3.	City or Town (Please enter city or town closest to the area of use)					
4. Where do you use the stream? If use occurs in multiple locations, please list them all below. (Please be specific so the ocation can be identified on a map, e.g., 9th Street Bridge, Anytown City Park, Quarter Section-Township-Range, Latitude/Longitude, etc).						
	Camp Branch Access to Hgy E low water bridge. Buzzard Bluff to Wilbur Allen Access.					
	Have you or your family personally used the stream at this site(s) for recreation since Nov. 28,					
19	75? No If No, go to Question #11					
6. Have you or your family personally used the stream at this site(s) for any of the following whole body contact recreation activities? Please select all that apply:						
	Swimming Tubing Snorkling/Skin Water Skiing Diving					
7.	How many times per year have you or your family personally used the stream for these activities?					
	Have you or your family personally used the stream at this site(s) for any of the following secondary contact creation activities? Please select all that apply:					
	Fishing Wading Boating Trapping					
9.	How many times per year have you or your family personally used the stream for these activities?					
10.	. How many of these times did children wade or play in the stream?					
11.	. Have you observed or heard of others using the stream at this site(s) for recreation since Nov. 28, 1975?					
	Yes If Yes, go to Question #12 No. If No, go to Question #17					
12. Have you observed or heard of others using the stream at this site(s) for any of the following whole body contact recreation activities? Please select all that apply:						
	Swimming Tubing Snorkling/Skin Water Skiing Diving					
13.	. How many times per year have you observed or heard of others using the stream for these activities?					
14. Have you observed or heard of others using the stream at this site(s) for any of the following secondary contact recreation activities? Please select all that apply:						
	Fishing Wading Boating Trapping					
15.	. How many times per year have you observed or heard of others using the stream for these activities?					
16.	. How many of these times did you observe or hear of children wading or playing in the stream?					
	. Do you have additional comments you would like to provide the department regarding this eam?					
	Early this summer the problem wasn't as apparant, but in the previous five or six years there was tremendous weed growth. These weeds were long enough to grow to the surface of the stream and lay downstream to form a thick layer on top of the water. Apparant mostly after the Whetstone joined the Gasconade. Mt. Grove sewer system?					
18.	. In the event the department has questions, please provide the following contact information:					
	First Name: Mort Last Name: Shurtz					
	Address 1: 529 E Weaver Rd Address 2:					
	City: Springfield State: Missouri - Zip 65810 - Code:					
	Phone Number: (417) 887 - 2098 ext. E-mail: mnjshurtz@mchsi.com					

Thank you for taking time to complete our stream use survey. We appreciate your interest and involvement in protecting and preserving the quality of Missouri's waters. If you have questions or additional comments, please contact John Hoke, UAA Coordinator, at 1-800-361-4827 or (573) 526-1446, by e-mail at cleanwater@dnr.mo.gov, or by mail at P.O. Box 176, Jefferson City, Missouri 65102-0176.

Missouri Department of Natural Resources P.O. Box 176, Jefferson City, MO 65102

Cancel

1-800-361-4827 / (573) 751-1300 E-mail: cleanwater@dnr.mo.gov

Submit

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(100)		Ser.	Sec. A

Stream Usage Survey

1.	Stream Name (Please enter the full name) Gasconade Gasconade						
2.	County (Please enter the county or counties where the use occurs) Dallas						
3.	City or Town (Please enter city or town closest to the area of use) Buffalo Buffalo						
4. Where do you use the stream? If use occurs in multiple locations, please list them all below. (Please be specific so the location can be identified on a map, e.g., 9th Street Bridge, Anytown City Park, Quarter Section-Township-Range, Latitude/Longitude, etc).							
	From Hwy 32 access and Big John access.						
	5. Have you or your family personally used the stream at this site(s) for recreation since Nov. 28, 1975?						
Yes If Yes, go to Question #6 No If No, go to Question #11							
	Have you or your family personally used the stream at this site(s) for any of the fol recreation activities? Please select all that apply:	lowing whole body contact					
	Swimming Tubing Snorkling/Skin Water Ski	ing					
7.	7. How many times per year have you or your family personally used the stream for	these activities?					
	8. Have you or your family personally used the stream at this site(s) for any of the foll recreation activities? Please select all that apply:	lowing secondary contact					
	Fishing Wading Boating Trapping						
9.	9. How many times per year have you or your family personally used the stream for	these activities? 5					
10	10. How many of these times did children wade or play in the stream?						
11	11. Have you observed or heard of others using the stream at this site(s) for recreation	on since Nov. 28, 1975?					
12. Have you observed or heard of others using the stream at this site(s) for any of the following whole body contact recreation activities? Please select all that apply:							
	Swimming Tubing Snorkling/Skin Water Ski	ing					
13. How many times per year have you observed or heard of others using the stream for these activities?							
14. Have you observed or heard of others using the stream at this site(s) for any of the following secondary contact recreation activities? Please select all that apply:							
	Fishing Wading Boating Trapping						
15. How many times per year have you observed or heard of others using the stream for these activities?							
16. How many of these times did you observe or hear of children wading or playing in the stream?							
17. Do you have additional comments you would like to provide the department regarding this							
There are not many fish in this river any more because of River Otters. What a shame for the fishermen.							
18	 18. In the event the department has questions, please provide the following contact in 	nformation:					
	First Name: Terry Last Name: Tanner						
	Address 1: 7389 W. Summit St. Address 2:						
	City: Republic State: Missouri	Zip 65738 -					
	Phone Number: (417) 732 - 2787 ext. E-mail: tannersfwc@yahoo.com						

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